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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Charles GERDAY et al.

Application No.: *10/803,055*

Confirmation No.: *Unassigned*

Filed: March 18, 2004

For: COLD-ACTIVE BETA  
GALACTOSIDASE, THE PROCESS  
FOR ITS PREPARATION AND THE  
USE THEREOF

Art Unit: *Unassigned*

Examiner: *Unassigned*

Atty. Docket No.: 31601-201282

Customer No.

**26694**  
PATENT TRADEMARK OFFICE

**PETITION UNDER 37 C.F.R. § 1.182**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The above-referenced application was inadvertently filed without drawings #1-6 which were filed in the parent application 09/501,136, now USP 6,727,084.

However, applicants incorporated the parent application by reference in its entirety (including the drawings) when filing the above-referenced divisional application. Therefore, applicants maintain that re-filing those drawings in the present application does not constitute new matter, and request that the drawings be entered into the file.

Furthermore, in view of the above, applicants maintain that a resubmission of the drawings is not required for a filing date, and respectfully request that the present application be accorded the original filing date of March 18, 2004.

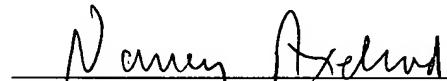
Enclosed with this Petition are:

1. A copy of the formal drawings, as originally filed in the parent application, 09/501,136, now USP 6,727,084, and the requisite cover sheet for filing the drawings.
2. Please charge our deposit account no. 22-0261, the Petition fee of \$400, as required by 37 CFR § 1.17(f)).
3. A copy of the Notice of Incomplete Nonprovisional Application.

Should no remittance be attached, or should any greater or lesser fee be required, please charge or credit our Account No. 22-0261 and advise us accordingly.

Respectfully submitted,

Date: April 6, 2005

  
\_\_\_\_\_  
Nancy J. Axelrod  
Registration No. 44,014  
VENABLE LLP  
P.O. Box 34385  
Washington, D.C. 20043-9998  
Telephone: (202) 344-4000  
Telefax: (202) 344-8300

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

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**26694**  
PATENT TRADEMARK OFFICE

**REPLY TO NOTICE OF INCOMPLETE NONPROVISIONAL  
APPLICATION**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Incomplete Nonprovisional Application mailed on March 16, 2005, enclosed are formal drawings #1-6.

These drawings should be inserted into the application, and the application should be accorded a filing date of March 18, 2004, for the reasons indicated in the accompanying Petition.

Enclosed with this Reply are:

1. A Petition under 37 CFR 1.182.
2. A copy of the formal drawings, as originally filed in the parent application, 09/501,136, now USP 6,727,084, and the requisite cover sheet for filing the drawings.

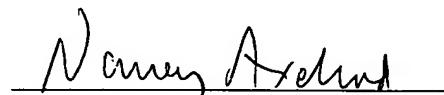
3. Please charge our deposit account, 22-0261, the Petition fee of \$400, as required by 37 CFR 1.17(f)).

4. A copy of the Notice of Incomplete Nonprovisional Application.

Should no remittance be attached, or should any greater or lesser fee be required, please charge or credit our Account No. 22-0261 and advise us accordingly.

Respectfully submitted,

Date: April 6, 2005



Nancy J. Axelrod  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

before application of:

Charles GERDAY et al.

Application No.: 10/803,055

Confirmation No.: *Unassigned*

Filed: March 18, 2004

For: COLD-ACTIVE BETA  
GALACTOSIDASE, THE PROCESS  
FOR ITS PREPARATION AND THE  
USE THEREOF

Art Unit: *Unassigned*

Examiner: *Unassigned*

Atty. Docket No.: 31601-201282

Customer No.

26694

PATENT TRADEMARK OFFICE

**SUBMISSION OF FORMAL DRAWINGS**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is one set (4 sheets, 6 figures) of formal drawings for filing in the above-identified application. Kindly submit the enclosed formal drawings with the originally filed application.

Should no remittance be attached, or should any greater or lesser fee be required, please charge or credit our Account No. 22-0261 and advise us accordingly.

Respectfully submitted,

  
Nancy J. Axelrod  
Registration No. 44,014  
VENABLE LLP  
P.O. Box 34385  
Washington, D.C. 20043-9998  
Telephone: (202) 344-4000  
Telefax: (202) 344-8300

Date: April 6, 2005



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

|                      |                       |
|----------------------|-----------------------|
| Application Number   | 10/803,055            |
| Filing Date          | March 18, 2005        |
| First Named Inventor | Charles GERDAY et al. |
| Group Art Unit       | Unassigned            |
| Examiner Name        | Unassigned            |

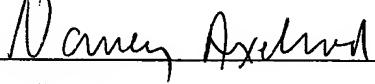
Attorney Docket Number

31601-201282

### ENCLOSURES (check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)                        | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached   | <input checked="" type="checkbox"/> Drawing(s) (4 Sheets; Figs. 1a, 1b, 2, 3, 4, 5 and 6) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/> Amendment / Response   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input checked="" type="checkbox"/> Petition Under 37 C.F.R. § 1.182                      | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition to Convert to a Provisional Application                 | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address   | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):            |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer  | <b>Submission of Formal Drawings</b>  |
| <input type="checkbox"/> Information Disclosure Statement                                       | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                 | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
| <input checked="" type="checkbox"/> Response to Notice of Incomplete Nonprovisional Application | <b>Remarks</b>  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                    |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |                                  |
|-------------------------|---|----------------------------------|
| Firm or Individual name | Venable<br>P.O. Box 34385<br>Washington, D.C. 20043-9998  | 26694<br>PATENT TRADEMARK OFFICE |
| Signature               |  Nancy J. Axelrod, Registration No. 44,014 |                                  |
| Date                    | April 6, 2005   |                                  |

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope

addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b

on this date:

|                       |      |
|-----------------------|------|
| Typed or printed name |      |
| Signature             | Date |



SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.  
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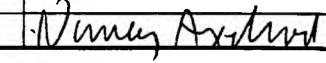
# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$ 400)

| Complete if Known    |                       |
|----------------------|-----------------------|
| Application Number   | 10/803,055            |
| Filing Date          | March 18, 2004        |
| First Named Inventor | Charles GERDAY et al. |
| Examiner Name        | Unassigned            |
| Group / Art Unit     | Unassigned            |
| Attorney Docket No.  | 31601-201282          |

| METHOD OF PAYMENT (check one)  |                  |          |                 | FEE CALCULATION (continued)  |                      |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
|--|------------------|----------|-----------------|--|----------------------|--|--|----------|------------------|----------|-----------------|-----------------|----------|------|-----|------|-----|--------------------|----------------------|------|-----|------|----|-------------------|----------------------|------|-----|------|-----|------------------|----------------------|------|-----|------|-----|--------------------|----------------------|------|-----|------|-----|-------------------------|----------------------|------|-----|------|----|------------------------|----------------------|------|-----|------|----|-----------------------|----------------------|------|-----|------|-----|-------------------------|----------------------|------|-----|------|----|-------------------------------------|----------------------|------|----|------|----|---|----------------------|------|-----|------|-----|---------------------------|----------------------|------|-------|------|-------|--|----------------------|------|------|------|------|--|----------------------|------|--------|------|--------|---|----------------------|------|-----|------|----|--|----------------------|------|-----|------|-----|---|----------------------|------|-------|------|-----|--|----------------------|------|-------|------|-----|---|----------------------|------|-------|------|-------|--|----------------------|------|-----|------|-----|------------------|----------------------|------|-----|------|-----|--|----------------------|------|-------|------|-----|--------------------------|----------------------|------|-------|------|-------|---|----------------------|------|-----|------|-----|----------------------------------|----------------------|------|-------|------|-----|------------------------------------|----------------------|------|-------|------|-----|--------------------------------|----------------------|------|-----|------|-----|------------------|----------------------|------|-------|------|-----|-----------------|----------------------|------|----|------|----|--------------------------------------|----------------------|------|-----|------|-----|---|----------------------|------|----|------|----|--|----------------------|------|-----|------|-----|---|----------------------|------|-----|------|-----|--|----------------------|------|-----|------|-----|---|----------------------|--|--|--|--|-------|-----------------------------------|--|--|--|----------------------|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="22-0261"/></p> <p>Deposit Account Name <input type="text" value="Venable LLP"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                  |          |                 | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Lrg Ent Fee (\$)</th> <th>Fee Code</th> <th>Sm Ent Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Utility Search Fee</td><td><input type="text"/></td></tr> <tr><td>1112</td><td>100</td><td>2112</td><td>50</td><td>Design Search Fee</td><td><input type="text"/></td></tr> <tr><td>1113</td><td>300</td><td>2113</td><td>150</td><td>Plant Search Fee</td><td><input type="text"/></td></tr> <tr><td>1114</td><td>500</td><td>2114</td><td>250</td><td>Reissue Search Fee</td><td><input type="text"/></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Utility Examination Fee</td><td><input type="text"/></td></tr> <tr><td>1312</td><td>130</td><td>2312</td><td>65</td><td>Design Examination Fee</td><td><input type="text"/></td></tr> <tr><td>1313</td><td>160</td><td>2313</td><td>80</td><td>Plant Examination Fee</td><td><input type="text"/></td></tr> <tr><td>1314</td><td>600</td><td>2314</td><td>300</td><td>Reissue Examination Fee</td><td><input type="text"/></td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td><input type="text"/></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>1251</td><td>120</td><td>2215</td><td>60</td><td>Extension for reply within first month</td><td><input type="text"/></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td><input type="text"/></td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td><input type="text"/></td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td><input type="text"/></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for reply within fifth month</td><td><input type="text"/></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td><input type="text"/></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td><input type="text"/></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>1503</td><td>1,100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td><input type="text"/></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td><input type="text"/></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="text"/></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td><input type="text"/></td></tr> <tr> <td colspan="4">Other fee (specify) Petition Under 37 C.F.R. Section 1.182</td> <td>\$400</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$400)</td> </tr> </tbody> </table> |                      |  |  | Fee Code | Lrg Ent Fee (\$) | Fee Code | Sm Ent Fee (\$) | Fee Description | Fee Paid | 1111 | 500 | 2111 | 250 | Utility Search Fee | <input type="text"/> | 1112 | 100 | 2112 | 50 | Design Search Fee | <input type="text"/> | 1113 | 300 | 2113 | 150 | Plant Search Fee | <input type="text"/> | 1114 | 500 | 2114 | 250 | Reissue Search Fee | <input type="text"/> | 1311 | 200 | 2311 | 100 | Utility Examination Fee | <input type="text"/> | 1312 | 130 | 2312 | 65 | Design Examination Fee | <input type="text"/> | 1313 | 160 | 2313 | 80 | Plant Examination Fee | <input type="text"/> | 1314 | 600 | 2314 | 300 | Reissue Examination Fee | <input type="text"/> | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | <input type="text"/> | 1053 | 130 | 1053 | 130 | Non-English specification | <input type="text"/> | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | <input type="text"/> | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> | 1251 | 120 | 2215 | 60 | Extension for reply within first month | <input type="text"/> | 1252 | 450 | 2252 | 225 | Extension for reply within second month | <input type="text"/> | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | <input type="text"/> | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | <input type="text"/> | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | <input type="text"/> | 1401 | 500 | 2401 | 250 | Notice of Appeal | <input type="text"/> | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | <input type="text"/> | 1403 | 1,000 | 2403 | 500 | Request for oral hearing | <input type="text"/> | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | <input type="text"/> | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | <input type="text"/> | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | <input type="text"/> | 1502 | 800 | 2502 | 400 | Design issue fee | <input type="text"/> | 1503 | 1,100 | 2503 | 550 | Plant issue fee | <input type="text"/> | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) | <input type="text"/> | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | <input type="text"/> | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | <input type="text"/> | Other fee (specify) Petition Under 37 C.F.R. Section 1.182 |  |  |  | \$400 | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$400) |  |
| Fee Code   | Lrg Ent Fee (\$) | Fee Code | Sm Ent Fee (\$) | Fee Description  | Fee Paid             |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1111   | 500              | 2111     | 250             | Utility Search Fee   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1112   | 100              | 2112     | 50              | Design Search Fee  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1113   | 300              | 2113     | 150             | Plant Search Fee   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1114   | 500              | 2114     | 250             | Reissue Search Fee   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1311   | 200              | 2311     | 100             | Utility Examination Fee  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1312   | 130              | 2312     | 65              | Design Examination Fee   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1313   | 160              | 2313     | 80              | Plant Examination Fee  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1314   | 600              | 2314     | 300             | Reissue Examination Fee  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1051   | 130              | 2051     | 65              | Surcharge - late filing fee or oath  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1052   | 50               | 2052     | 25              | Surcharge - late provisional filing fee or cover sheet.  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1053   | 130              | 1053     | 130             | Non-English specification  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1812   | 2,520            | 1812     | 2,520           | For filing a request for reexamination   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1804   | 920*             | 1804     | 920*            | Requesting publication of SIR prior to Examiner action   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1805   | 1,840*           | 1805     | 1,840*          | Requesting publication of SIR after Examiner action  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1251   | 120              | 2215     | 60              | Extension for reply within first month   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1252   | 450              | 2252     | 225             | Extension for reply within second month  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1253   | 1,020            | 2253     | 510             | Extension for reply within third month   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1254   | 1,590            | 2254     | 795             | Extension for reply within fourth month  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1255   | 2,160            | 2255     | 1,080           | Extension for reply within fifth month   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1401   | 500              | 2401     | 250             | Notice of Appeal   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1402   | 500              | 2402     | 250             | Filing a brief in support of an appeal   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1403   | 1,000            | 2403     | 500             | Request for oral hearing   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1451   | 1,510            | 1451     | 1,510           | Petition to institute a public use proceeding  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1452   | 500              | 2452     | 250             | Petition to revive - unavoidable   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1453   | 1,500            | 2453     | 750             | Petition to revive - unintentional   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1501   | 1,400            | 2501     | 700             | Utility issue fee (or reissue)   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1502   | 800              | 2502     | 400             | Design issue fee   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1503   | 1,100            | 2503     | 550             | Plant issue fee  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1807   | 50               | 1807     | 50              | Processing fee under 37 CFR 1.17 (q)   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1806   | 180              | 1806     | 180             | Submission of Information Disclosure Stmt  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 8021   | 40               | 8021     | 40              | Recording each patent assignment per property (times number of properties)   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1809   | 790              | 2809     | 395             | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1810   | 790              | 2810     | 395             | For each additional invention to be examined (37 CFR § 1.129(b))   | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| 1801   | 790              | 2801     | 395             | Request for Continued Examination (RCE)  | <input type="text"/> |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| Other fee (specify) Petition Under 37 C.F.R. Section 1.182   |                  |          |                 | \$400  |                      |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| *Reduced by Basic Filing Fee Paid  |                  |          |                 | SUBTOTAL (3) (\$400)   |                      |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |
| **or number previously paid, if greater; For Reissues, see above   |                  |          |                 |  |                      |  |  |          |                  |          |                 |                 |          |      |     |      |     |                    |                      |      |     |      |    |                   |                      |      |     |      |     |                  |                      |      |     |      |     |                    |                      |      |     |      |     |                         |                      |      |     |      |    |                        |                      |      |     |      |    |                       |                      |      |     |      |     |                         |                      |      |     |      |    |                                     |                      |      |    |      |    |   |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |       |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |       |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |     |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |       |      |     |                 |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |      |    |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |  |  |  |  |       |                                   |  |  |  |                      |  |

| SUBMITTED BY Complete (if applicable) |   |                         |               |           |              |
|---------------------------------------|---|-------------------------|---------------|-----------|--------------|
| Name (Print/Type)                     | Nancy J. Axelrod, Ph.D.   | Reg No. Attorney/Agent) | 44,014        | Telephone | 202-344-4000 |
| Signature                             |  | Date:                   | April 6, 2005 |           |              |



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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER  |
|--------------------|------------------------|-----------------------|-------------------------|
| 10/803,055         | 03/18/2004             | Charles Gerday        | 31601-201282 <i>TGW</i> |

CONFIRMATION NO. 8742

26694  
VENABLE, BAETJER, HOWARD AND CIVILETTI, LLP  
P.O. BOX 34385  
WASHINGTON, DC 20043-9998

FORMALITIES LETTER



\*OC000000015477580\*

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CLIENT/MATTER # *201282* ATTY *TGW*  
DUE DATE *Mar 16, 2005*  
FINAL DEADLINE *Mar 16, 2005*  
DATED BY *TGW*

Date Mailed: 03/16/2005

NOTICE OF INCOMPLETE NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

A filing date has NOT been accorded to the above-identified application papers for the reason(s) indicated below.

All of the items noted below and a newly executed oath or declaration covering the items must be submitted within **TWO MONTHS** of the date of this Notice, unless otherwise indicated, or proceedings on the application will be terminated (37 CFR 1.53(e)). Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

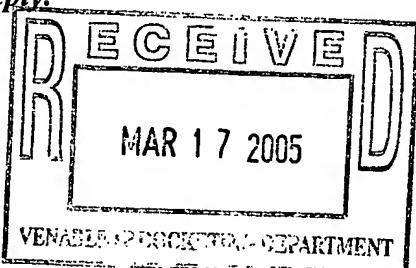
The filing date will be the date of receipt of all items required below, unless otherwise indicated. Any assertions that the item(s) required below were submitted, or are not necessary for a filing date, must be by way of petition directed to the attention of the Office of Petitions accompanied by the \$400.00 petition fee (37 CFR 1.17(f)). If the petition states that the application is entitled to a filing date, a request for a refund of the petition fee may be included in the petition. Petitions should be mailed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

- The application was deposited without drawings. 35 U.S.C. 113 (first sentence) requires a drawing "where necessary for the understanding of the subject matter sought to be patented." *Applicant should reconsider whether the drawings are necessary under 35 U.S.C. 113 (first sentence).*

Replies should be mailed to: Mail Stop Missing Parts  
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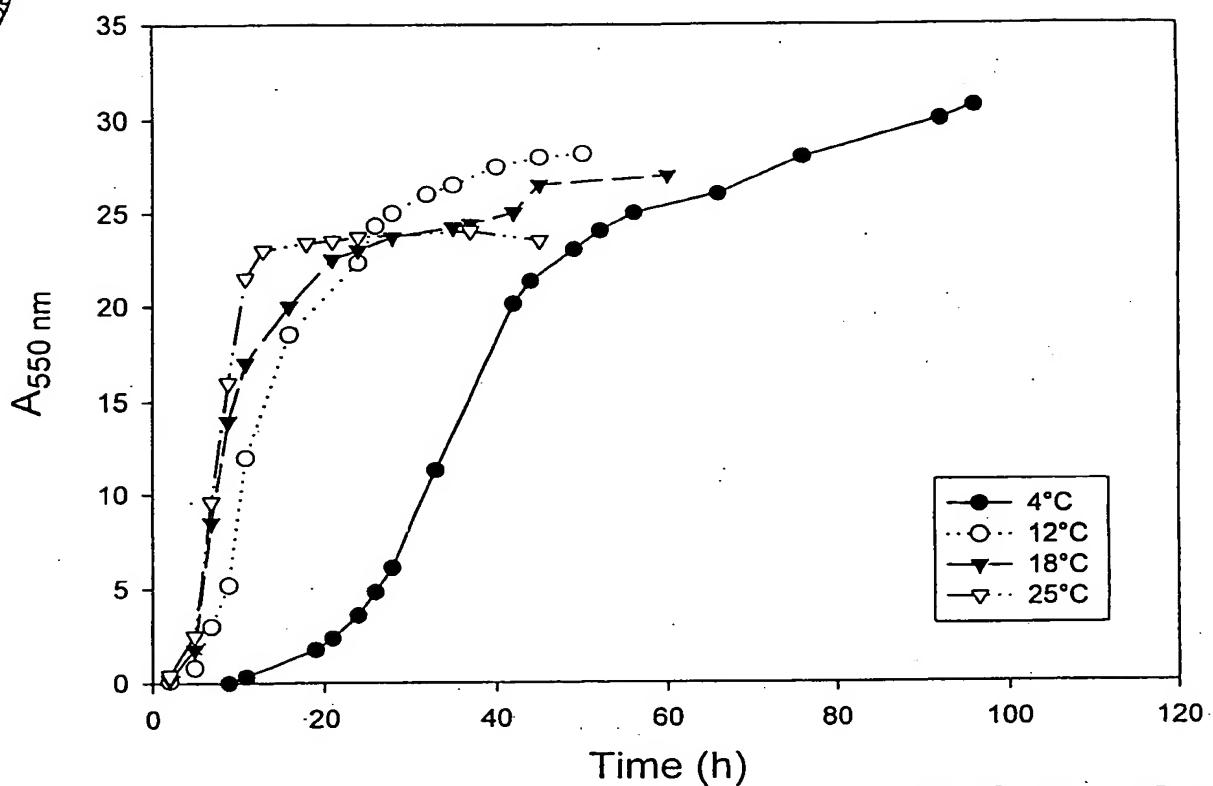
*A copy of this notice MUST be returned with the reply.*

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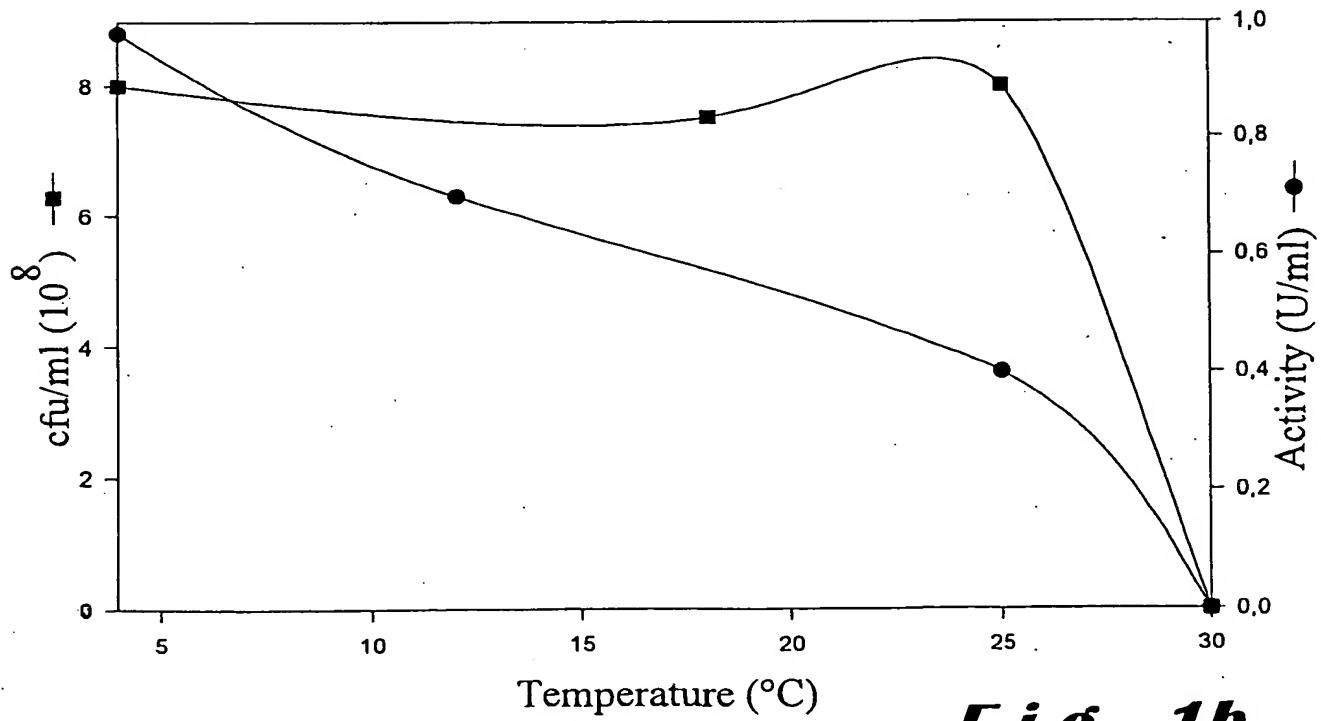


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U.S. DEPARTMENT OF COMMERCE

Inventor: Charles GERDAY et al.  
Title of Invention: "COLD-ACTIVE BETA  
GALACTOSIDASE, THE PROCESS FOR ITS  
PREPARATION AND THE USE THEREOF"  
Attorney Docket No.: 31601-201282  
VENABLE



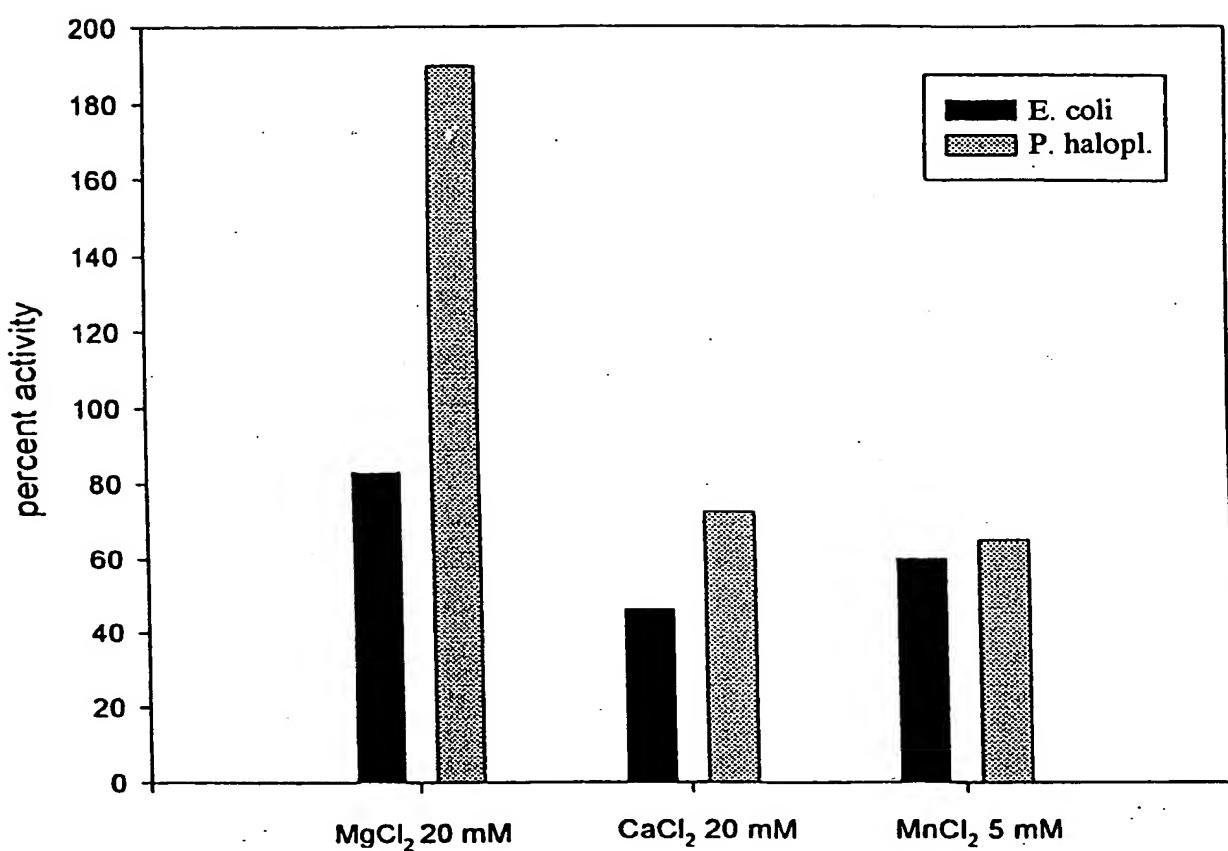
**Fig. 1a**



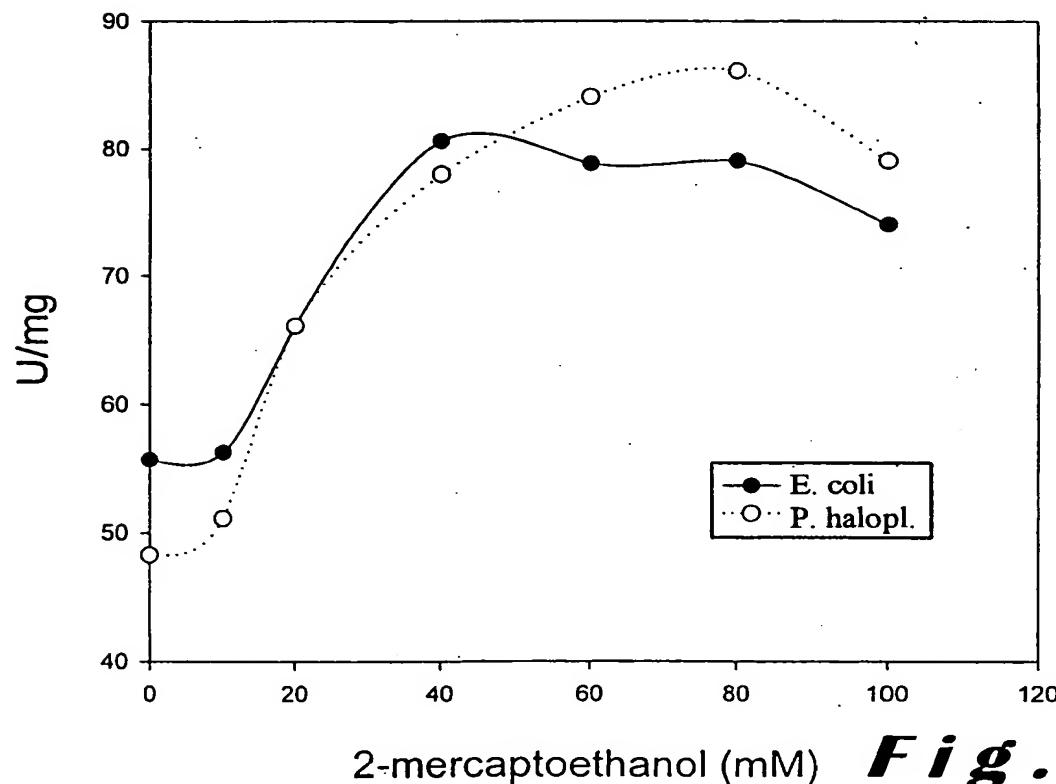
**Fig. 1b**



Inventor: Charles GERDAY et al.  
 Title of Invention: "COLD-ACTIVE BETA  
 GALACTOSIDASE, THE PROCESS FOR ITS  
 PREPARATION AND THE USE THEREOF"  
 Attorney Docket No.: 31601-201282  
 VENABLE



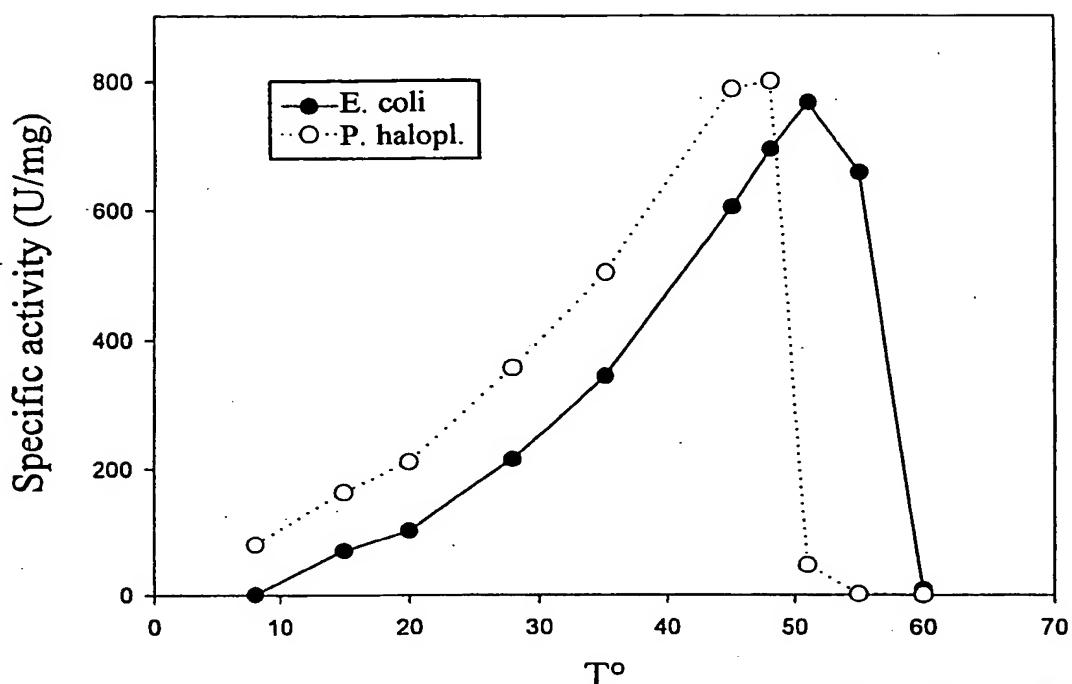
**Fig. 2**



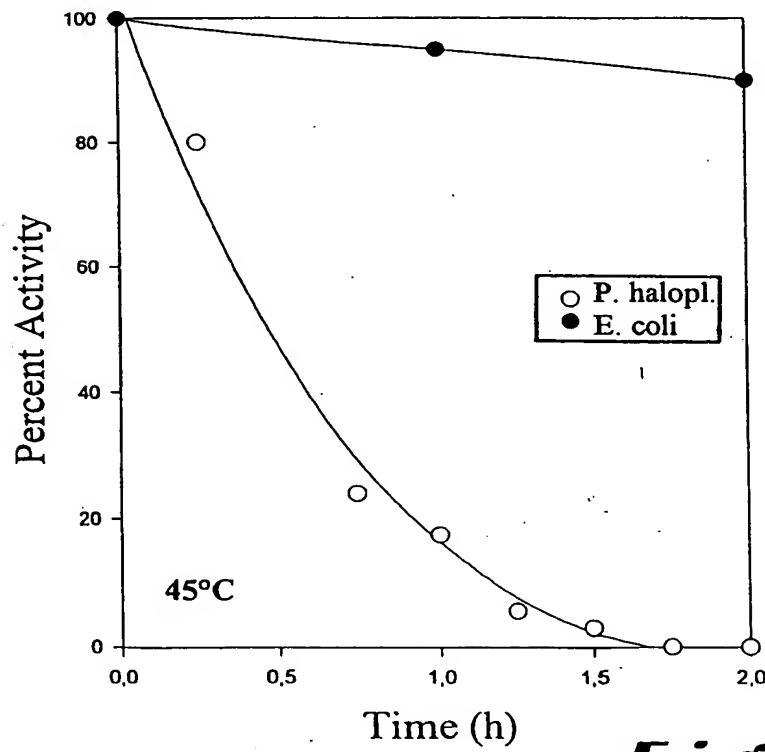
**Fig. 3**



Inventor: Charles GERDAY et al.  
 Title of Invention: "COLD-ACTIVE BETA  
 GALACTOSIDASE, THE PROCESS FOR ITS  
 PREPARATION AND THE USE THEREOF"  
 Attorney Docket No.: 31601-201282  
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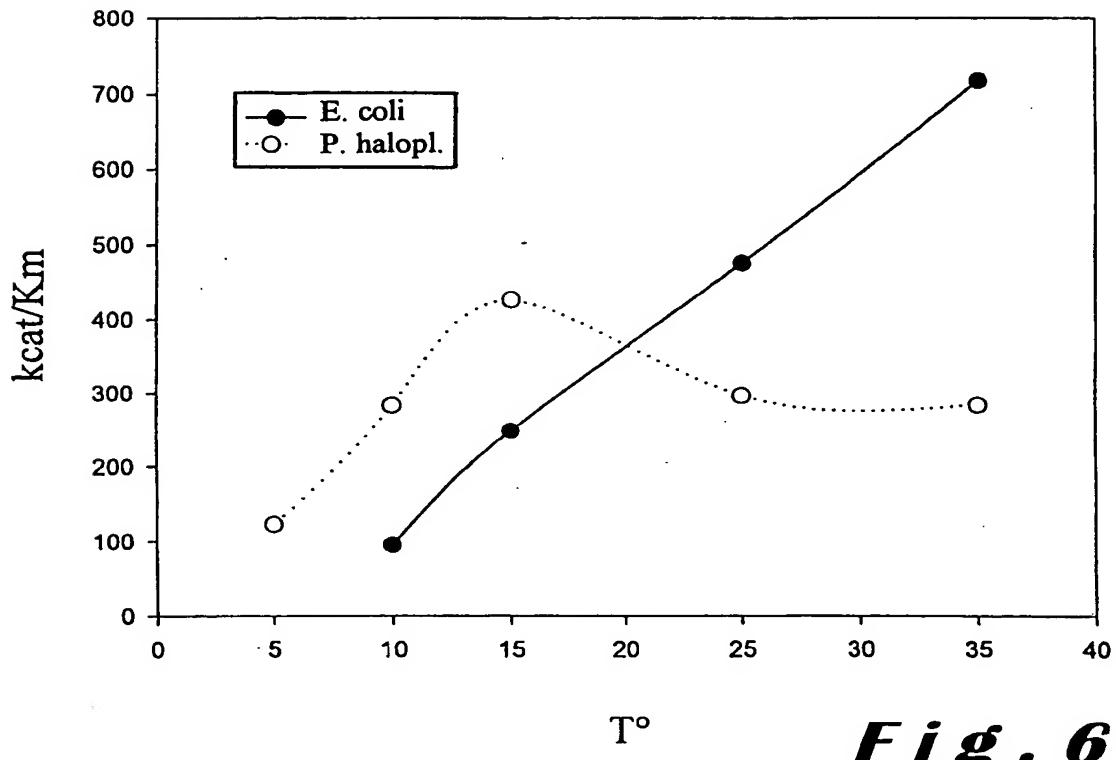
**Fig. 4**



**Fig. 5**



Inventor: Charles GERDAY et al.  
Title of Invention: "COLD-ACTIVE BETA  
GALACTOSIDASE, THE PROCESS FOR ITS  
PREPARATION AND THE USE THEREOF"  
Attorney Docket No.: 31601-201282  
VENABLE



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**Fig. 6**